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Attorneys at Law

Suite 2800 1100 Peachtree St.  
Atlanta GA 30309-4530  
t 404 815 6500 f 404 815 6555  
www.KilpatrickStockton.com

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FAX

direct dial 404 815 6291  
direct fax 404 541 3467  
MBertelson@KilpatrickStockton.com

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## COMMENTS

Please acknowledge receipt of the enclosed:

- 1) Transmittal Form (PTO/SB/21)
- 2) Amendment and Response to Final Office Action (7 pgs.)

Applicant(s): Derek Metcalf  
Application No.: 10/643,352  
Filing Date: August 19, 2003  
Title: Adjustable Shelving System

Attorney Docket No. 38949/282196.....Atty: MAB/sdh

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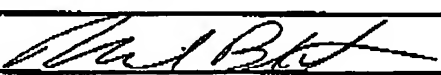
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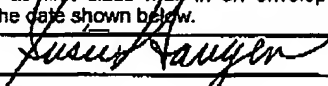
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/643,352	<b>RECEIVED CENTRAL FAX CENTER OCT 03 2006</b>
	Filing Date	August 19, 2003	
	First Named Inventor	Derek METCALF	
	Art Unit	3634	
	Examiner Name	Jennifer Eleanore Novosad	
Total Number of Pages in This Submission	8	Attorney Docket Number	38949/282196

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax transmission sheet
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	Michael A. Bertelson		
Date	October 3, 2006	Reg. No.	64,713

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Typed or printed name	Susie Haugen	Date	October 3, 2006

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Derek Metcalf

SERIAL NO.: 10/643,352

G.A.U: 3634

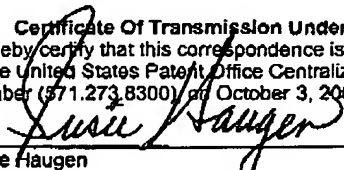
FILED: August 19, 2003

EXAMINER: Jennifer Eleanore Novosad

FOR: Adjustable Shelving System

ATTORNEY DOCKET: 38949/282196

DATE: October 3, 2006

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Susie Haugen

## AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Sir:

In response to the final Office action of July 3, 2006 (the "Office Action"), please amend the above-identified application as follows:

- **Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.
- **Remarks** appear on page 6 of this paper.